

Commonwealth of Virginia
Department of Professional and Occupational Regulation
Post Office Box 11066
Richmond, Virginia 23230-1066
(804) 367-6166



**Polygraph Examiners Advisory Board
POLYGRAPH SCHOOL CURRICULUM APPROVAL APPLICATION**

1. School Name _____
2. Federal Employer Identification Number -
3. Street Address (PO Box not accepted) _____
City, State, Zip Code _____
4. E-mail Address _____
5. Web Site Address _____
6. Telephone & Facsimile Numbers () - () - () -
Telephone Facsimile Beeper/Cellular

7. School Owner(s). Enter the name of the proprietor, partnership, association, limited liability company, or corporation.

8. Name & Title of School Contact Person _____

9. Instructor Information. Please attach a resume for each instructor listed below to verify that they possess the minimum requirements listed in the Polygraph Examiner Regulations.

Instructor's Name	Title	Employer	Phone Number
			() -
			() -
			() -

10. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve the polygraph curriculum offered at the above-referenced school. I also certify that I read, understand, and have complied with all the laws of Virginia related to polygraph examiner licensure under the provisions of Title 54.1, Chapter 18, of the *Code of Virginia* and the *Virginia Polygraph Examiners Regulations*.

Contact Person's Signature _____ Date _____

Important Curriculum Package Instructions

In addition to this completed application, you are required to submit a school curriculum including, but not limited to, the information listed below.

- A list of subject courses and the number of instruction hours assigned to each course
- The total number of polygraph instruments available to the school and the number of students assigned to each instrument
- A Certification of Good Standing from all states and/or jurisdictions in which the polygraph school curriculum has been approved.